United Nations E/ICEF/2017/P/L.1

Economic and Social Council

Distr.: Limited
22 December 2016
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
First regular session 2017
7-9 February 2017
Item 8 of the provisional agenda*

Country programme document

Botswana

Summary

The country programme document (CPD) for Botswana is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,510,000 from regular resources, subject to the availability of funds, and $4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2017.

* E/ICEF/2017/1

16-22844 (E) 231216

Please recycle

Programme rationale

1. A landlocked country of 2.2 million people, Botswana has been one of the world's fastest-growing economies for about 50 years, and became an upper-middle-income country in the 1990s.[1] The country has successfully translated its natural capital into human capital through investments in health, education and infrastructure.

2. Economic wealth is matched by substantial government investment in development. In key areas, such as the reduction of monetary poverty, under-five mortality, and expanded access to safe water and education, the Millennium Development Goal targets have been met.[2] However, the economy, which is anchored in mineral and customs revenues,[3] is vulnerable to both short-term shocks and structural changes in the global economy.

3. Botswana has made major progress in reducing poverty. Between 2002–2003 and 2009-2010, the incidence of poverty based on the national poverty line decreased from 30.6 per cent to 19.3 per cent, while extreme poverty fell from 23.4 per cent to 6.4 per cent.[4] Among vulnerable groups, inequalities and deprivations greatly impact female-headed households, youth, and persons with disabilities. Botswana is one of the most unequal countries in the world, with a Gini coefficient of 60.5 per cent,[5] a gender inequality rank of 106,[6] and an inequality-adjusted human development index of 0.403.[7]

4. Monetary poverty is not the main challenge affecting children's well-being. A Multiple Overlapping Deprivation Analysis conducted by UNICEF revealed that while 19 per cent of the population is poor in monetary terms, 63 per cent of children live in multidimensional poverty — which comprises health, nutrition, education, housing, water and sanitation. Almost 43 per cent of children are deprived in two or more dimensions, although they live in households that are above the monetary poverty line. Deprived children tend to live in large, rural households headed by a female with low educational attainment, and with at least one member who is HIV positive, or disabled, or both.[8]

5. The challenges in addressing child poverty are evident across sectors. A UNICEF/ Ministry of Health and Wellness-led reanalysis of the Botswana Family Health Survey of 2007, following the adoption of the WHO (World Health

[1] United Nations Department of Economic and Social Affairs, Population Division, *World Population Prospects, The 2015 Revision: Key findings and advance tables*, New York, 2015.

[2] World Bank, Millennium Development Goals indicator values, <http://data.worldbank.org/data-catalog/millennium-development-indicators>, accessed July 2016.

[3] World Bank, "Botswana Overview", <www.worldbank.org/en/country/botswana/overview>, accessed 30 May 2016.

[4] Statistics Botswana, Botswana Core Welfare Indicators Survey 2009/10, Gaborone, 2013, pp. 28, 38.

[5] World Bank, *Botswana Poverty Assessment*, Washington, D.C., 2015, p. 3.

[6] United Nations Development Programme, Gender Inequality Index <http://hdr.undp.org/en/content/gender-inequality-index>, accessed July 2016.

[7] United Nations Development Programme, *Briefing note for countries on the 2015 Human Development Report Botswana*, <http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BWA.pdf>, p. 4.

[8] United Nations Children's Fund Botswana, "Multiple Overlapping Deprivation Analysis — Botswana", forthcoming in 2016.

Organization) Child Growth Standards in Botswana, revealed a stunting prevalence of 31 per cent.[9] Undernutrition is also associated with 67 per cent of all under-five deaths that occur in referral hospitals. Botswana joined the Scaling Up Nutrition movement in 2015, which has provided a platform for greater collaboration across sectors and among stakeholders.

6. Although most children in Botswana benefit from basic education, significant proportions of school-age children start late, do not attend school consistently and fail to achieve quality education. There is a high rate of access to basic education, with the primary net enrolment rate at 92.9 per cent in 2012.[10] However, between 2009 and 2013, around 15 per cent of primary-school-age children were out of school. Access to pre-primary education is low, with the national net enrolment rate for children aged 3 to 5 years at 17.3 per cent in 2013.[11]

7. In 2014, 83.2 per cent of all births were registered.[12] Violence against children remains a major concern. A 2012 national violence survey indicated that 40 per cent of children aged 10-19 reported having experienced bullying and 25.1 per cent had been threatened or injured with a weapon. Additionally, 12.8 per cent of students with sexual experience had been forced to have sex during the 12 months prior to the survey.[13]

8. Social protection programmes have made significant contributions to reducing poverty.[14] The Government invested up to 4.4 per cent of gross domestic product (GDP) in social protection during 2012/13. It is estimated that extreme poverty could be eliminated in less than 10 years if programmes were improved through better targeting, monitoring, coordination and user participation.[15]

9. Families and communities play the most prominent role in child development, providing a safe and supportive environment for children to survive, thrive, and become active and engaged citizens. Yet this support structure has been undermined over the years, in part due to the HIV epidemic as well as changing economic and social norms and practices. In 2014, more than 75 per cent of children whose births were registered were born to single mothers, and 9 per cent to adolescent girls.[16]

10. The percentage of orphaned children in 2012 stood at 14.4 per cent, but only 13.9 per cent of their households had received free basic external support during the previous year, compared with 31.2 per cent in 2008.[17] Women and adolescent girls earn 25 per cent less than their male peers for the same work, face greater

[9] Nnyepims, M. et al., "Child nutrition situation in Botswana: observations from the 2000 and 2007 household survey" unpublished study, 2014.

[10] Statistics Botswana, *Pre and Primary Education 2013 Stats Brief*, Gaborone, 2015.

[11] Ibid.

[12] Statistics Botswana, *Vital Statistics Report 2014*, Gaborone, 2016, p. 8.

[13] Botswana Ministry of Education and Skills Development, Botswana Youth Risk Behavioural Surveillance Survey, Gaborone, 2012.

[14] United Nations Development Programme, *Human Development Report 2015: Work for human development*, New York, 2015, p. 140.

[15] Teshue, Cornelia, et al., "Botswana Social Protection Assessment", Working Paper, World Bank, Washington, D.C., December 2013.

[16] Statistics Botswana, *Vital Statistics Report 2014*, Gaborone, 2016, pp. 14, 11.

[17] Statistics Botswana, Botswana AIDS Impact Survey (IV) 2013, Gaborone, 2013, p. 15.

unemployment[18] and carry most of the domestic burden. They also experience high levels of violence, which affects 67 per cent of women.[19]

11. Bottlenecks in the supply and quality dimensions of child poverty include limited human resource capacity, fragmented services, and inconsistent and incomplete collection and analysis of data, including on the effectiveness of existing social programmes. Numerous demand-side bottlenecks, such as harmful traditions and practices in the home and community, impede protection, support and care for children.

12. Adolescents and youth aged 10-24 years face challenges in accessing education, employment, protection and participation. The 2011 census found that 28.6 per cent of rural youth aged 15-19 years were out of school, compared to 22.4 per cent of urban youth. Nationally, only 2.6 per cent of youth aged 20-24 years have a degree.[20] Thirteen per cent of students aged 10-19 reported having been raped the first time they had sexual intercourse.[21]

13. National HIV prevalence (2013) among adolescents and youth is the second-highest globally, at 18.5 per cent and 7.9 per cent, respectively. Evidence points clearly to adolescents and youth as the optimum entry point for systematic efforts to end HIV and AIDS. Successive surveys completed between 2004 and 2013[22] show a reduction in prevalence among adolescent and youth age cohorts, suggesting that prevention programmes are working and that stronger treatment and prevention programmes will deliver improved results.

14. Progress in reducing new HIV infections among adolescents and youth is constrained by intergenerational and transactional sex, peer pressure, stigma and discrimination. Barriers include entrenched harmful gender norms, gaps between policies and their implementation and inadequate resource allocation for prevention programmes. There are quality gaps on the supply side, including in youth-friendly services and a lack of data disaggregated by sex, age and location. Demand-side barriers include low rates of male partner testing, low levels of comprehensive knowledge of HIV, and gender norms and unbalanced power dynamics between boys and girls and women and men.

15. Land degradation, pollution and climate change pose threats to the resilience of the country's ecosystems. With rainfall highly variable across seasons and years, Botswana is vulnerable to floods and recurring drought, particularly in its western and southern regions. Over the past 25 years, the country has been affected by at least five major droughts.[23] The harsh physical environment adds to the risk and

[18] World Economic Forum, *The Global Gender Gap Report 2015*, Geneva, 2015, Country Profile — Botswana.

[19] Machisa M. and R. van Dorp, *The Gender Based Violence Indicators Survey*, Gender Links Botswana and Ministry of Labour and Home Affairs, Women's Affairs Department, Gaborone, 2012, <www.bw.undp.org/content/botswana/en/home/library/democratic_governance/gender-based-violence-indicators-study-botswana.html>.

[20] Statistics Botswana, Botswana Population and Housing Census 2011, Gaborone, 2011.

[21] Botswana Ministry of Education and Skills Development, Botswana Youth Risk Behavioural Surveillance Survey, Gaborone, 2012.

[22] Statistics Botswana, Botswana AIDS Indicator Survey 2013, Gaborone 2013.

[23] World Bank, *Botswana: Systematic country diagnostic*, Washington, D.C., March 2015, p. 62.

vulnerability of children living in the most deprived and poorest parts of the country.[24]

16. A number of important lessons were learned in the previous country programme. Upstream policy work cannot drive change by itself. Policies must be inclusive and locally informed. There has been insufficient support to strengthening the role of mothers and female caregivers, families and communities to create a safe and supportive environment for child development. Reliable evidence is vital for effective advocacy, leveraging resources and identifying solutions to policy and programme implementation bottlenecks. Additionally, public advocacy, community engagement and strong partnerships are needed to provide age-appropriate and quality services. Behaviour and social change communication and child and adolescent participation must be improved.

17. Based on the evidence, the key priorities of the country programme 2017-2021 are addressing child poverty, with a clear gender equality and equity approach, and adolescents and HIV. These two priorities correspond to the UNICEF comparative advantage in Botswana. The organization's experience in this country suggests that support for tangible, catalytic and sustainable change for children in these two areas will deliver the most effective and sustainable results.

Programme priorities and partnerships

18. The proposed UNICEF country programme 2017-2021 was developed concurrently with the Government of Botswana/United Nations Botswana Partnership Framework (UNBPF), under the United Nations "Delivering as one" approach. The framework is aligned with the government's Vision 2036, which forms the basis of the 11th National Development Plan 2017-2023 (NDP11). The 2030 Agenda for Sustainable Development and its three dimensions — economic, social and environmental — are integrated into the framework, vision, and plan, and in their results frameworks and monitoring and evaluation (M&E) plans.

19. UNICEF, the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) have strategically aligned their country programmes by harmonizing the outcomes of their respective CPDs with the three UNBPF outcomes: (a) support for the development of inclusive policies and programmes; (b) support for overcoming bottlenecks that impede policy implementation; and (c) support for enhancing the collection, analysis and utilization of data and strategic information. These outcomes reflect the comparative advantage of the United Nations in Botswana.

20. The three programme components of the 2017-2021 country programme will be: (a) child poverty; (b) adolescents and HIV; and (c) programme effectiveness. These components will complement each other through a combination of strategies.

21. Strategies for achieving country programme results will include: capacity-building, with a greater focus at the local level and across sectors; development of multisectoral partnerships; evidence generation; policy dialogue and advocacy; promotion of innovation, learning and local solutions; and support to integration and

[24] Ibid, pp. 12, 44.

strengthening cross-sectional linkages. Child rights, gender equality, community engagement and equity will underpin all aspects of the country programme. To address the continued impact of climate change on children, resilience programming will be integrated into each programme component.

Programme component: Child poverty

22. The child poverty programme component will contribute to the reduction of monetary and non-monetary poverty, including a reduction in stunting rates, improved access to quality early childhood education and basic education, with special attention given to out-of-school children; improved basic educational outcomes; reduction in sexual violence; creating a safe and supportive environment; and more effective and efficient social protection programmes.

23. The Government already makes substantial investments in poverty reduction; therefore, UNICEF will aim to improve the return on these investments in terms of effectiveness, efficiency and equity. UNICEF will generate and analyse local and global evidence, advocate for positive change and create partnerships that leverage resources and collective action for children, especially those living in the most deprived areas.

24. Within child poverty, UNICEF will focus on nutrition, education, social inclusion and child protection, and will address diverse challenges, from birth through adolescence. UNICEF efforts will complement those of the Government, with assistance maintained in critical areas such as vaccine procurement. Gender analysis in each sector will ensure that gender-equitable programing is core to the UNICEF response to child poverty.

25. Given the high levels of stunting, especially in the most deprived areas, UNICEF will support demand creation for improved nutritional practices and consistent care-seeking behaviour at the household level, utilizing existing structures for communication for development (C4D) and public advocacy. Using evidence, policy dialogue and advocacy, UNICEF will aim to leverage resources for proven interventions. Key partners will include the ministries of Health and Wellness, Agriculture, and Local Government and Rural Development, as well as research institutions.

26. Nutritional support will focus on the subnational level, with UNICEF working in partnership with district health management teams in select deprived districts, and using this experience to inform national policy dialogue and programming at scale. UNICEF will convene multisectoral partnerships to improve nutrition outcomes; incorporate critical issues around health, water, sanitation and hygiene, and food security; harness innovation and technology for improved evidence generation; and strengthen integration and service quality through cross-sectoral linkages.

27. Within education, access to quality early childhood development, primary and secondary education and services for out-of-school children are key contributors to reducing multidimensional child poverty. UNICEF will support coordinated interventions across the ministries of Education, Health and Wellness, and Local Government and Rural Development, alongside other stakeholders and service providers. The organization will advocate for investments in innovative strategies

and models for improving education access and quality, with a focus on the most-deprived populations.

28. UNICEF will support the development and implementation of policies on early childhood and education for out-of-school children, and will link the evidence generated at the local level to upstream policy dialogue to address supply, demand and quality bottlenecks. Support will be provided to the Ministry of Basic Education and related parastatal organizations to develop appropriate assessment structures and systems for school readiness; teacher training on modern pedagogical methods, out-of-school education and monitoring in-class learning; and remedial support and special services for children to ensure quality learning and retention.

29. Social inclusion strategies will seek to break the intergenerational transmission of poverty. Given the high proportion of female-headed households, particular attention will be given to women's empowerment. UNICEF will support the Government to focus more effectively on the most vulnerable populations and to strengthen results within existing social protection programmes. The objective will be to consolidate fragmented programmes and to develop a guaranteed minimum income grant and child support grant, where applicable. Partnerships with the World Bank and United Nations agencies will allow UNICEF to offer high-level advice and assistance to the Government and to leverage resources to achieve an efficient, effective and equitable social protection system.

30. UNICEF support will also cover fiscal space and budgeting for social services, with a focus on assisting the Government to maximize the return on current investments and to ensure that programmes reach the most vulnerable. Key strategies will include analyses of sectoral budgets and expenditure, a cost-benefit analysis of social support programmes and an analysis of fiscal space to focus resources on high-impact interventions.

31. Child protection, especially birth registration and the prevention of sexual exploitation and abuse, are key issues. UNICEF advocacy will engage communities and traditional leaders, including women, to curtail negative stereotypes, harmful practices and traditions that perpetuate sexual exploitation — promoting a solid continuum of prevention, early intervention and response through structures such as the Children's Consultative Forum; village and district child protection committees; National Children's Council; Ntlo ya Dikgosi (House of Chiefs); Department of Social and Community Development; Botswana Association of Local Authorities, as well as civil society organizations. Universal birth registration will be supported through collaboration with the Ministry of Nationality, Immigration and Gender Affairs and other ministries, as well as through key service providers at the subnational and community levels.

32. UNICEF will support evidence generation and analysis through qualitative and quantitative research and will assist the Government to develop a system for collecting sex- and age-disaggregated data needed to assess progress towards the realization of children's rights. Evidence will be used to advocate for policy improvement, scale-up programmes and assist reporting on international legislation and human rights instruments, including the Convention on the Rights of the Child.

Programme component: Adolescents and HIV

33. The adolescents and HIV programme component will contribute to efforts to eliminate mother-to-child transmission of HIV, and to improve the prevention of HIV infection and the treatment and care of HIV-infected adolescents.

34. UNICEF will build capacity in relevant institutions, by generating and/or analysing local and global evidence, through advocacy for positive change and by engaging with all actors to convert evidence into concrete action for adolescents. Innovative strategies and technologies will be used to gather and share adolescent-relevant information on sexual violence and HIV. UNICEF will work with the Government to eliminate mother-to-child transmission of HIV.

35. UNICEF will address demand-side bottlenecks by working closely with adolescents, as well as through key influencers, to promote positive behaviour around HIV and AIDS. Adolescent and youth engagement and participation will be increased in traditional community structures and consultation processes, partnering with civil society organization partners to strengthen C4D for behaviour and social change communication. Protection issues, specifically sexual and gender-based violence, will be essential elements of prevention strategies and interventions. Partners will include the Ministry of Health and Wellness, United Nations agencies, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and civil society organizations, faith-based institutions and traditional community structures.

36. UNICEF will promote access to global knowledge and evidence, and provide technical assistance to strengthen the policy framework for HIV prevention and support effective implementation. UNICEF will assist the Government to strengthen the availability and quality of services for adolescents and youth, with a specific focus on those who are most at risk. Policy dialogue and advocacy will use evidence to sharpen the focus on issues around adolescents, sexual violence and HIV, in order to provide guidance on the effective delivery of comprehensive and complementary support services for HIV-infected adolescents.

Programme component: Programme effectiveness

37. The programme effectiveness component is comprised of three areas: programme performance monitoring and management; strategic communications and advocacy; and cross-sectoral programme support. Programme effectiveness will support efficient and effective execution, risk management and quality assurance of UNICEF programmes, and will ensure close linkages and coordination between UNICEF programming and the implementation of the UNBPF, NDP11, Vision 2036 and the Sustainable Development Goals.

38. Programme performance monitoring and management will ensure application of results-based management across programmes, with annual and mid-year reviews providing opportunities for programme adjustments and/or enhancements. Strategic communications and advocacy will link evidence from programme activities to external advocacy and messaging, utilizing social media and traditional media to increase public awareness and engagement in child rights and programming. Efforts will focus on increased engagement and participation of children and adolescents across programmes and communication platforms. Cross-sectoral programme

support will focus on C4D, coordination with the United Nations and key stakeholders, and ensuring that gender cuts across, and is well integrated into, UNICEF programming and support.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child poverty	2 699	2 838	5 537
Adolescents and HIV	1 215	525	1 740
Programme effectiveness	596	637	1 233
Total	**4 510**	**4 000**	**8 510**

Programme and risk management

39. This country programme outlines the contribution of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

40. UNICEF manages programme implementation under the "Delivering as one" approach and through its internal implementation and monitoring and evaluation processes, which are closely tied to government planning processes and programming priorities. This ensures that UNICEF support is focused on government priorities and that its work strategically contributes to the achievement of national development goals and targets. Cooperation with other United Nations agencies will be critical in joint programming efforts around poverty reduction and HIV and AIDS.

41. The key risk internal to UNICEF lies in resource availability and consequent constraints on the availability of required expertise and skills. With a programme that relies heavily on evidence and advocacy, the country office needs staff and advisers who can support evidence generation and analysis, develop substantive, contextually appropriate solutions and provide solid arguments for social investment.

42. Internal risks are mitigated by clear prioritization and alignment with government priorities and the UNBPF. This ensures that support to evidence generation and advocacy focuses on areas with substantial opportunities for partnerships and leveraging of resources. UNICEF will align the technical expertise it offers to the Government with the programmatic focus areas in the country programme.

43. A key external risk is the heavy reliance of the country programme on the government's continued financial investments and delivery of services for child development. If the government's current income base is weakened, the key

assumption of continued government funding and delivery for the social sectors may no longer hold. Appropriate mitigation measures will focus on advocacy for continued investment in the social sectors and support to increase the efficiency and effectiveness of government investments and programmes.

44. Botswana is increasingly affected by climate change. For a country that has limited agricultural capacities and is highly dependent on imported food, irregular weather patterns are a significant risk. In its programming, UNICEF will promote disaster risk reduction and resilience practices within local services, communities and families, especially in the most deprived areas.

Monitoring and evaluation

45. With the country programme built around evidence and advocacy, and integrally linked with the outcomes of the UNBPF, the country programme will rely on a combination of monitoring and evaluation strategies to measure progress made at the output and outcome level.

46. UNICEF will work closely within United Nations structures to support improved national capacity for policy and programme monitoring and evaluations. Monitoring will focus on better understanding the impact of policies and programmes on beneficiaries and identifying and overcoming implementation bottlenecks. Evaluations will focus on national policies and programmes and their implementation, as outlined in the national evaluation plan.

47. UNICEF will work closely with Statistics Botswana and other partners to build capacity to gather data on the situation of children, and to provide technical support for relevant national surveys that incorporate age- and sex-disaggregated data. Support will focus on creating the evidence required to measure the impact of government policies and programmes for children and to track implementation of the Sustainable Development Goals.

48. UNICEF will develop capacities to gather information and create feedback loops between service providers and beneficiaries. Utilizing technology and partnerships, this information will augment data from surveys, information management systems, and evaluations. This combination of evidence and experience will assist in the identification of barriers and bottlenecks and the development of user-centred solutions.

49. The Integrated Monitoring and Evaluation Plan will be the basic compact between UNICEF and the Government of Botswana on M&E strengthening. UNICEF mid-year and annual reviews and annual reviews of the UNBPF will provide opportunities to adjust programmes, to improve their efficiency and impact.

Annex

Results and resources framework

Botswana-UNICEF country programme of cooperation, 2017-2021

Convention on the Rights of the Child: Articles 3; 7; 19; 24; 26; 27; 28–29; 34; and 40.

National priorities: Sustainable Development Goals: 1, 2 ,3, 4, 5, 10 and 16

National priorities: The national priorities as expressed in Vision 2036 include:

(a) Sustainable economic development: By 2036, Botswana will be a high-income country, with an export-led economy underpinned by diversified, inclusive and sustainable growth driven by high levels of productivity.
(b) Human and social development: By 2036, Botswana will be a moral, tolerant and inclusive society that provides opportunities for all.
(c) Sustainable environment: By 2036, sustainable and optimal use of our natural resources will have transformed our economy and uplifted our people's livelihoods.
(d) Governance, peace and security: By 2036, Botswana will be a land of peace, freedom and progressive governance.

United Nations Development Assistance Framework outcomes involving UNICEF:
Outcome indicators measuring change that includes UNICEF contribution

(a) Outcome 1: By 2021, Botswana has quality policies and programmes towards the achievement of the Sustainable Development Goals and targets and national aspirations. Outcome indicators:

  (i) Multidimensional poverty rates, by sex, location [urban or rural], age [numerical] and by income, age [adult, or child under 18], race, ethnicity, migratory status, geographic location [district] and other relevant characteristics
  (ii) Number of districts achieving 90-90-90 HIV targets
  (iii) Percentage change in the human development index (HDI) score
  (iv) Global Gender Gap Index
  (v) Under-five mortality rate

(b) Outcome 2: By 2021, Botswana fully implements policies and programmes towards the achievement of the Sustainable Development Goals targets and national aspirations. Outcome indicators:

  (i) Multidimensional poverty rates, by sex, location [urban or rural], age [numerical] and by income, age [adult, or child under 18], race, ethnicity, migratory status and geographic location [district] and other relevant characteristics
  (ii) Number of districts achieving 90-90-90 HIV target;
  (iii) Percentage change in HDI score
  (iv) Global Gender Gap Index
  (v) Under-five mortality rate

(c) Outcome 3: By 2021, state and non-state actors at different levels use quality and timely data to inform planning, monitoring, evaluation,

decision-making and participatory accountability processes. Outcome indicators:

(i) High quality, timely and reliable sectoral data, disaggregated by income, sex, age, race, ethnicity, migratory status and geographic location and other relevant characteristics available to decision-makers and citizens
(ii) Data and M&E policy and institutional framework developed
(iii) Percentage of Sustainable Development Goal indicators incorporated in national statistics

Related UNICEF Strategic Plan outcome(s):

(a) Outcome 2. HIV and AIDS: Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women, and adolescents
(b) Outcome 4. Nutrition: Improved and equitable use of nutritional support and improved nutrition and care practices
(c) Outcome 5. Education: Improved learning outcomes and equitable and inclusive education
(d) Outcome 6. Child protection: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children
(e) Outcome 7. Social inclusion: Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Programme component: Child poverty							
Outcome 1: By 2021, Botswana has quality policies and programmes towards the achievement of the Sustainable Development Goals and targets and national aspirations	Percentage of children aged 36-59 months attending early childhood education (attendance rate) (B: 17.3%, 2013; T: 75%, 2021)	Education Management Information System (EMIS)	1.1. National policies and programmes on early childhood and education positively address equity and quality in access 1.2. National social protection system effectively targets the most vulnerable and excluded children	**Government** Ministry of Basic Education Botswana Examinations Council (BEC) Ministry of Local Government and Rural Development, Statistics Botswana **United Nations** UNAIDS UNDP UNFPA WHO **Other** European Union World Bank Community-based	1 154	625	1 779
	Number of children covered by social protection systems (B: 157,450, 2015; T: 225,500, 2021)	Multi-topic indicator survey					
	Percentage of children living in monetary and non-monetary poverty (B: monetary 26% non-monetary 63%, 2009-10; T: monetary 5% non-monetary 25%, 2021)	Multi-topic indicator survey, Multiple Overlapping Deprivation Analysis					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				organizations (CBOs) Civil society organizations Community leaders Academia Media Professional associations			
Outcome 2. By 2021, Botswana fully implements policies and programmes towards the achievement of the Sustainable Development Goals and targets and national aspirations	Percentage of children aged 6–59 months stunted (B: 31%, 2007; T: 23.4%, 2021)	Nutrition Information System (NIS)	2.1. Improved nutritional practices and care-seeking behaviour among caretakers, especially in the most deprived areas 2.2. Improved capacity of schools, particularly in the most deprived areas, to provide good quality education and integrate more out-of-school children	**Government** Ministry of Basic Education BEC Botswana Qualifications Authority (BQA) Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) Ministry of Nationality, Immigration and Gender Affairs Ministry of Local Government and Rural Development Ntlo ya Dikgosi Botswana Police Service Legal Aid Botswana Directorate of Public Prosecutions **United Nations** UNAIDS UNDP UNFPA UNHCR UN-Women	1 125	1 513	2 638
	Percentage of children under 5 whose birth is registered by sex (B: Male 71.8% Female 72.7%, 2007; T: Male 95% Female 95%, 2021)	Botswana Family Welfare Survey					
	National examination pass rates at the end of primary education (B: 69.1%, 2014; T: 75%, 2021)	EMIS Botswana family health survey/vital statistic reports					
	National examination pass rates at the end of lower secondary education (B: 41%, 2012 T: 60%, 2021)						
	Lower secondary education net enrolment rate (B: 53.1%, 2012, 2015; T: 60%, 2021)						
	Percentage of sexually experienced students aged 10-19 forced to have sexual intercourse during the previous 12 months (B: Male 10.8% Female 15.6%, 2012, T: Male 8%, Female 10%, 2021)	Botswana Youth Risk Behavioural Surveillance Survey					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				WHO **Other** European Union CBOs Community leadership structures Academia Media Professional associations			
Outcome 3: By 2021, state and non-state actors at different levels use quality and timely data to inform planning, monitoring, evaluation, decision-making and participatory accountability processes	Government agencies supporting nutrition routinely collect, analyse and report complete nutrition data. (B: No, 2016; T: Yes, 2021)	NIS	3.1. Increased evidence-generation and data gathering and analysis informs nutrition programming 3.2. Increased evidence-generation and data gathering and analysis informs education programming 3.3. National/subnational planning, budgeting and programming is based on better and more current evidence and analysis on the most deprived children	**Government** Ministry of Basic Education BEC BQA SACMEQ Ministry of Local Government and Rural Development Statistics Botswana Ministry of Health and Wellness District health management teams in UNICEF-targeted districts **United Nations** UNDP UNFPA WHO UNAIDS UN-Women **Other** European Union CBOs Community leadership structures	420	700	1 120
	Ministry of Basic Education utilizes programme performance data and evidence in decision-making in UNICEF supported programmes. (B: No, 2016; T: Yes – with evidence, 2021)	EMIS					
	Public social protection expenditure (per cent of GDP) (B: 4.4%, 2013; T: 4.4%, 2021	Multi-topic indicator survey and sector reviews					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
				Academia Media Professional associations			
Programme component 2: Adolescent and HIV/AIDS							
Outcome 1: By 2021, Botswana has quality policies and programmes towards the achievement of the Sustainable Development Goals	Overall HIV and AIDS budget that is funded through domestic resources (B: 64%, 2015; T: 70%, 2021)	Botswana AIDS Impact Survey (BAIS)	1.1. National policy supports a balanced approach of prevention, treatment and care for adolescents and young adults	**Government** Ministry of Basic Education; Ministry of Health and Wellness; Ministry of Youth Empowerment, Sport and Cultural Development **United Nations** UNAIDS UNDP UNFPA UN-Women WHO **Other** PEPFAR Global Fund CBOs Community leadership structures Academia Media Professional associations	55	200	255
	Adolescents aged 15–24 years having comprehensive knowledge about HIV and AIDS (disaggregated by sex) (B: 47.9%, 2013; T: 65%, 2021)						
Outcome 2: By 2021, Botswana fully implements policies and programmes towards the achievement of the Sustainable Development Goals	Percentage of eligible adolescents aged 15–19 years receiving voluntary male medical circumcision (B: 23%, 2013; T: 65%, 2021)	BAIS	2.1. Adolescents and young adults are engaged in positive behaviour around HIV/AIDS 2.2. Health system capacities enhanced for achieving the elimination of mother to child transmission, and its validation	**Government** Ministry of Basic Education Ministry of Health and Wellness Ministry of Youth Empowerment, Sport and Cultural	1 160	325	1 485
	Percentage of pregnant						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and targets and national aspirations.	women living with HIV with lifelong access to antiretroviral therapy (B: 93.5%, 2013; T: 98%, 2021)			Development **United Nations** UNAIDS UNDP UNFPA UN-Women WHO **Other** PEPFAR Global Fund CBOs Community leadership structures Academia Media Professional associations			
Programme component 3: Programme effectiveness							
Outcome 1: The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of management and programme indicators on track	Programme monitoring – insight	1.1. UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders. 1.2. UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. 1.3. Strategies to address cross-cutting issues related to child rights are developed and applied.	**United Nations** UNDP UNFPA	596	637	1 233
Total resources					**4 510**	**4 000**	**8 510**